

1				Reporting Period												
				From January 1 to December 31, _____				Page _____ of _____								
Important: Read all instructions before completing form																
KANSAS EPCRA TIER II Emergency and Hazardous Chemical Inventory	2 Facility Identification		2a New Facility <input type="checkbox"/> Yes <input type="checkbox"/> No		3 Owner/Operator Name											
	Name _____				Business Name _____				Bus. Phone () _____							
	Street Address/Legal Desc. _____				Address _____											
	City _____		County _____		State _____		Zip _____		City _____		State _____		Zip _____		Country _____	
	Nearest Cross Street _____				Submitter _____											
	Phone () _____		SIC Code _____		Dun & Brad # _____											
	Send correspondence to: <input type="checkbox"/> Facility Address <input type="checkbox"/> Owner/Operator Address <input type="checkbox"/> Either				5 Please Indicate as Appropriate											
4 Emergency Contacts				<input type="checkbox"/> Section 302 <input type="checkbox"/> Section 311 <input type="checkbox"/> Section 312 <input type="checkbox"/> Initial Submission <input type="checkbox"/> Update <input type="checkbox"/> Check if information is identical to last year												
1. Name _____ Title _____				For Official Use Only												
Business Phone or Day () _____ 24 Hr. Phone () _____																
2. Name _____ Title _____																
Phone () _____ 24 Hr. Phone () _____				Facility ID # _____		Parent ID # _____		Entered By _____								
6a Chemical Description				6b Mixture Component Information				6c Storage Codes and Locations (Non-Confidential)								
				<i>If you checked Mix - This section is optional</i>				C O N T P R E S S T E M P								
CAS _____ Trade Secret <input type="checkbox"/>				Mixture Component _____		Percent _____		CAS # _____								
Chemical Name: _____				_____		_____		_____								
Chemical Form _____				_____		_____		_____								
Check all that apply: <input type="checkbox"/> EHS <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Pure <input type="checkbox"/> Mix				_____		_____		_____		Maximum Daily Amount (In Pounds) _____						
Chemical Hazards				_____		_____		_____		Average Daily Amount (In Pounds) _____						
Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Delayed <input type="checkbox"/> Immediate				_____		_____		_____		_____						
				_____		_____		_____		<input type="checkbox"/> Optional Report Number of Days on Site _____						
7 Certification (Read and sign after completing all Sections)								8 Optional Attachments								
I certify under penalty of law, I have personally examined and am familiar with the information submitted in pages 1 through _____, and based on my inquiry of those individuals response for obtaining the information, I believe the submitted information is true, accurate and complete. _____ Name and official title of owner/operator=s authorized representative Signature Date Signed								<input type="checkbox"/> I have attached a site plan. <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures								

6a		6b			6c			Storage Codes and Locations									
Chemical Description		Mixture Component Information						(Non-Confidential)									
		If you checked Mix - Please complete this section															
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